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NEWTOWN, CONNECTICUT 06470
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TOWN OF NEWTOWN
OFFICE OF THE ASSESSOR

**EXEMPTION
APPLICATION FOR HANDICAPPED EQUIPPED VEHICLES**

DATE OF INSPECTION/APPLICATION: _____

NAME OF APPLICANT: _____

APPLICANT ADDRESS: _____

NAME IN WHICH VEHICLE IS REGISTERED: _____
(Attach copy of current registration)

NAME OF PERSON WITH DISABILITY: _____

YEAR _____ MAKE _____ MODEL _____ VIN# _____

TYPE OF MODIFICATION / EQUIPMENT _____

Vehicle shall be defined as substantially modified or equipped.

FOR ASSESSORS USE ONLY

APPROVED BY: _____ DATE: _____

GRAND LIST APPLIED TO: _____